

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4833AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/23/2008
NAME OF PROVIDER OR SUPPLIER CENTURY ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1461 TANGERINE ROSE DRIVE LAS VEGAS, NV 89142		
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Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted in your facility on December 23, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 6 total beds.</p> <p>The facility had the following category of classified beds: Category 2 - 6 beds.</p> <p>The facility had the following endorsements:</p> <p>Residential facility which provides care for elderly or disabled persons.</p> <p>The census at the time of the survey was 3. Three current resident files and one closed resident file were reviewed, and 4 employee files were reviewed.</p> <p>There were two complaints investigated during the survey. Complaint # NV00018975 unsubstantiated Complaint # NV00019691 substantiated with deficiencies (see Tags 0070, 0103, 0105)</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were</p>	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 000	Continued From page 1 identified:	Y 000			
Y 051 SS=C	<p>449.194(2) Administrator's Responsibilities-Designation</p> <p>NAC 449.194 The administrator of a residential facility shall:</p> <p>2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review the administrator failed to designate one or more employees to be in charge of the facility during those times when the administrator was absent.</p> <p>Findings include:</p> <p>On 12/23/08 at 12:00 PM, Employee #1 indicated she was unaware of the requirement to designate an employee to be in charge in the absence of the administrator.</p>	Y 051			

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Y 051	Continued From page 2 There was no record designating the employee in charge in the absence of the administrator. Severity: 1 Scope: 3	Y 051			
Y 067 SS=C	449.196(1)(c) Qualifications of Caregiver- Read regulation NAC 449.196 1. A caregiver of a residential facility must: (c) Understand the provisions of NAC 449.156 to 449.2766, inclusive, and sign a statement that he has read those provisions. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure 4 of 4 employees had read and understood the provisions of NAC 449.156 to 449.2766 (Employee #1,#2,#3,#4). Employee #1 was hired on 5/24/06. The personnel file lacked documented evidence indicating the employee had read and understood the regulations for Residential Facilities for Groups. Employee #2 was hired on 12/1/08. The personal file lacked documented evidence indicating the employee had read and understood the regulations for Residential Facilities for Groups. Employee #3 was hired on 9/25/08. The personal	Y 067			

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Y 067	Continued From page 3 file lacked documented evidence indicating the employee had read and understood the regulations for Residential Facilities for Groups. Employee #4 was hired on 10/1/08. The personal file lacked documented evidence indicating the employee had read and understood the regulations for Residential Facilities for Groups. On 12/23/08 at 10:00 AM, Employee #1 indicated she was unaware of the requirement to read and understand the provisions of NAC 449.156 to 449.2766. Severity: 1 Scope: 3	Y 067		
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure 8 hours of training related to providing for the needs of the residents was received annually for 4 of 4 employees (Employee #1,#2,#3,#4). Findings include: Employee #1 was hired on 5/24/06. The personnel file lacked documented evidence of eight hours of annual caregiver training.	Y 070		

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Y 070	Continued From page 4 Employee #2 was hired on 12/1/08. The personnel file lacked document evidence of eight hours of annual caregiver training. Employee #3 was hired on 9/25/08. The personnel file lacked document evidence of eight hours of annual caregiver training. Employee #4 was hired on 10/1/08. The personnel file lacked document evidence of eight hours of annual caregiver training. On 12/23/08 at 10:00 AM, Employee #1 indicated she was aware of the lack of annual caregiver training. Severity: 2 Scope: 3 Complaint #NV00019691	Y 070		
Y 088 SS=C	4493199(4) Staffing Schedule NAC 449.199 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure a staffing schedule was available and retained for at least 6 months after the schedule expires. Findings include:	Y 088		

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Y 088	Continued From page 5 There were no staffing schedules available to review. On 12/23/08 at 10:05 AM, Employee #1 revealed there was no staffing schedule because she is the only caregiver except when she needs relief. Severity: 1 Scope: 3	Y 088			
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Sec. 10. NAC 441A.375 is hereby amended to read as follows: 441A.375 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for	Y 103			

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Y 103	<p>Continued From page 6</p> <p>preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p>	Y 103			

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Y 103	<p>Continued From page 7</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on interview and record review the facility failed to ensure 4 of 4 employees meet the tuberculin screening requirements pursuant to chapter NAC 441A (Employee #1,#2,#3,#4)</p> <p>Findings include:</p> <p>Employee #1 was hired on 5/24/06. The personnel file lacked documented evidence of an initial two step tuberculin screening and an annual tuberculin screening.</p> <p>Employee #2 was hired on 12/1/08. The personnel file lacked documented evidence of an initial two step tuberculin screening and an annual tuberculin screening.</p>	Y 103		

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Y 103	Continued From page 8 Employee #3 was hired on 9/25/08. The personnel file lacked documented evidence of an initial two step tuberculin screening and an annual tuberculin screening. Employee #4 was hired on 10/1/08. The personnel file lacked documented evidence of an initial two step tuberculin screening and an annual tuberculin screening. On 12/23/08 at 10:00 AM, Employee #1 indicated she was aware of the missing information. Severity: 2 Scope: 3 Complaint #NV00019691	Y 103		
Y 104 SS=C	449.200(1)(e) Personnel File - References NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (e) Evidence that the references supplied by the employee were checked by the residential facility. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure references were checked by the residential facility for 4 of 4 employees (Employee #1,#2,#3,#4). Findings include: Employee #1 was hired on 5/24/06. The personnel file lacked documented evidence of	Y 104		

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Y 104	Continued From page 9 references and a check of references. Employee #2 was hired on 12/1/08. The personnel file lacked documented evidence of references and a check of references. Employee #3 was hired on 9/25/08. The personnel file lacked documented evidence of references and a check of references. Employee #4 was hired on 10/1/08. The personnel file lacked documented evidence of references and a check of references. On 12/23/08 at 10:00 AM, Employee #1 indicated she was aware of the lack of reference checks. Severity: 1 Scope: 3	Y 104			
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure 4 of 4 employees met the criminal history background check requirements (Employee #1,#2,#3,#4). Findings include: Employee #1 was hired on 5/24/06. The personnel file lacked documented evidence of	Y 105			

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Y 105	<p>Continued From page 10</p> <p>fingerprints, evidence fingerprints were sent to the Nevada repository, results from the repository, and a signed statement by the employee that the employee had not been convicted of crimes listed in NRS 449.188.</p> <p>Employee #2 was hired on 12/1/08. The personnel file lacked documented evidence of fingerprints, evidence fingerprints were sent to the Nevada repository, results from the repository, and a signed statement by the employee that the employee had not been convicted of crimes listed in NRS 449.188.</p> <p>Employee #3 was hired on 9/25/08. The personnel file lacked documented evidence of fingerprints, evidence fingerprints were sent to the Nevada repository, results from the repository, and a signed statement by the employee that the employee had not been convicted of crimes listed in NRS 449.188.</p> <p>Employee #4 was hired on 10/1/08. The personnel file lacked documented evidence of fingerprints, evidence fingerprints were sent to the Nevada repository, results from the repository, and a signed statement by the employee that the employee had not been convicted of crimes listed in NRS 449.188.</p> <p>On 12/23/08 at 10:00 AM, Employee #1 indicated she was aware of the missing information.</p> <p>Severity: 2 Scope: 3</p> <p>Complaint #NV00019691</p>	Y 105			
Y 106 SS=D	449.200(2)(a) Personnel File - 1st aid & CPR	Y 106			

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Y 106	<p>Continued From page 11</p> <p>NAC 449.200</p> <p>2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure 1 of 4 employees had evidence of training in first aid and cardiopulmonary resuscitation (CPR) (Employee #2).</p> <p>Findings include:</p> <p>Employee #2 was hired 12/1/08. The personnel file lacked documented evidence of first aid and cardiopulmonary resuscitation certification.</p> <p>On 12/23/08 at 10:00 AM, Employee #1 indicated she was aware of the missing CPR certification.</p> <p>Severity: 2 Scope: 1</p>	Y 106			
Y 206 SS=F	<p>449.211(4)(a) Automatic Sprinklers-Quarterly Inspections</p> <p>NAC 449.211</p> <p>4. An automatic sprinkler system that has been installed in a residential facility must be inspected: (a) Not less than once each calendar quarter by a person who understands the manner in which the system operates</p>	Y 206			

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Y 206	Continued From page 12 and the manner in which it should be maintained. This Regulation is not met as evidenced by: Based on observation and interview the facility failed to ensure a quarterly inspection on the automatic sprinkler system was completed by a person who understands the manner in which the system operates and the manner in which it should be maintained. Findings include: On 12/23/08 at 8:45 AM, observation of the automatic sprinkler system revealed a service tag dated 9/8/06. On 12/23/08 at 9:30 AM, Employee #1 indicated she thought the service was up to date. Severity: 2 Scope: 3	Y 206			
Y 207 SS=F	449.211(4)(b) Automatic Sprinklers-Annual Inspections NAC 449.211 4. An automatic sprinkler system that has been installed in a residential facility must be inspected: (b) Not less than once each calendar year by a person who is licensed to inspect such a system pursuant to the provisions of chapter 477 of NAC. This Regulation is not met as evidenced by:	Y 207			

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Y 207	Continued From page 13 Based on observation and interview the facility failed to ensure the automatic sprinkler system was inspected annually. Findings include: On 12/23/08 at 8:45 AM, observation of the automatic sprinkler system revealed a service tag dated 9/8/06. On 12/23/08 at 9:30 AM, Employee #1 indicated she thought the service was up to date and that it was done when the alarm system was inspected. Severity: 2 Scope: 3	Y 207			
Y 272 SS=C	449.2175(3) Service of Food - Menus NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. This Regulation is not met as evidenced by: Based on observation and interview the facility failed to ensure menus were dated and kept on file for 90 days. Findings include: On 12/23/08 at 8:50 AM, the posted 4 week menu was not dated. On 12/23/08 at 10:30 AM, Employee #1 indicated she did not date menus and keep them on file for 90 days because she was not aware it was required..	Y 272			

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NAME OF PROVIDER OR SUPPLIER CENTURY ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1461 TANGERINE ROSE DRIVE LAS VEGAS, NV 89142		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 272	Continued From page 14 Severity: 1 Scope: 3	Y 272			
Y 435 SS=F	449.229(4) Fire Extinguisher; Inspection NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections. This Regulation is not met as evidenced by: Based on observation and interview the facility failed to ensure 2 of 2 facility fire extinguishers were inspected annually. Findings include: On 12/23/08 at 8:40 AM, observation of the 2 facility fire extinguishers indicated they were last inspected on 9/6/06. The gage on the fire extinguisher in the hall indicated it needed to be recharged. The kitchen fire extinguisher gage indicated it was charged. Interview with Employee #1 indicated she thought the inspections were up to date. Severity: 2 Scope: 3	Y 435			
Y 533 SS=C	449.260(1)(g)(2) Activities for Residents NAC 449.260 1. The caregivers employed by a residential	Y 533			

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Y 533	Continued From page 15 facility shall: (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (2) Kept on file at the facility for not less than 6 months after it expires. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to post a schedule of activities and keep the schedule on file for at least 6 months. Findings include: There was no schedule of activities posted or previous schedules to review. On 12/23/08 at 10:30 AM, Employee #1 revealed the residents did not like the previous scheduled activities and she had taken the activities schedule home to revise it On the day of the survey Residents #1 and #3 were watching a talk show on television. Resident #2 was resting in her room. Severity: 1 Scope: 3	Y 533		
Y 882 SS=D	449.2742(6)(c) Medication / change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in	Y 882		

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Y 882	<p>Continued From page 16</p> <p>the amount or times medication is to be administered to a resident: (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review the failed failed to ensure a container of medication reflected a prescription change for 1 of 3 residents (Resident #3).</p> <p>Findings include</p> <p>Resident #3 was admitted on 6/16/08. Tramadol 50 milligrams, 2 tablets four times a day was ordered originally and the label on the prescription bottle reflected this order.</p> <p>A note from the physicians office stated "hold patients last Tramadol dose, it appears to be making her nauseous".</p> <p>The medication bottle label had not been changed to reflect the new order.</p> <p>The medication administration record indicated the new dosage.</p> <p>On 12/23/08, Employee #1 indicated she had not</p>	Y 882			

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Y 882	Continued From page 17 had the medication label changed. Severity: 2 Scope: 1	Y 882		
Y 896 SS=C	449.2744(1)(b)(2) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (2) The date and time that the medication was administered. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure a record of the time a medication was administered was documented for 3 of 3 residents (Resident #1,#2,#3).. Findings include: The medication administration records of residents #1,#2, and #3 lacked documented evidence of a time each medication was administered. The records indicated a date and either AM or PM. On 12/23 at 10:30 AM, Employee #1 indicated she was unaware of the requirement to document time. Severity: 1 Scope: 3	Y 896		

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Y 908	Continued From page 18	Y 908			
Y 908 SS=D	<p>449.2746(2)(a) PRN Medication Record</p> <p>NAC 449.2746</p> <p>2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication:</p> <p>(a) The reason for the administration.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure the reason for a medication given as needed was documented for 1 of 3 residents (Resident #2).</p> <p>Findings include:</p> <p>Resident #2 was admitted on 11/12/08. Tylenol 650 milligrams was ordered every 6 hours as needed for pain. There was no reason indicated when the medication was administered to the resident.</p> <p>On 12/23/08 at 10:45 AM, Employee #1 indicated she was unaware of the requirement to document the reason the medication was given.</p> <p>Severity: 2 Scope: 1</p>	Y 908			
Y 911 SS=D	<p>449.2746(2)(d) PRN Medication Record</p> <p>NAC 449.2746</p> <p>2. A caregiver who administers</p>	Y 911			

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Y 911	Continued From page 19 medication to a resident as needed shall record the following information concerning the administration of the medication: (d) The results of the administration of the medication. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure the result for a medication given as needed was documented for 1 of 3 residents (Resident #2). Findings include: Resident #2 was admitted on 11/12/08. Tylenol 650 milligrams was ordered every 6 hours as needed for pain. There was no result indicated after the medication was administered. On 12/23/08 at 10:45 AM, Employee #1 indicated she was unaware of the requirement to document the result of the medication administration. Severity: 2 Scope: 1	Y 911			
Y 933 SS=D	449.2749(1)(d)(1) Resident File NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical	Y 933			

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Y 933	Continued From page 20 information and any other information related to the resident, including without limitation: (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure a physician statement was completed on 1 of 3 residents (Resident #2). Findings include: Resident #2 was admitted on 11/12/08. There was no documented evidence of a physicians's statement concerning the physical condition of the resident. On 12/23/08 at 10:50 AM Employee #1 indicated she was unaware of the incomplete resident file. Severity: 2 Scope: 1	Y 933		
Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical	Y 936		

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Y 936	<p>Continued From page 21</p> <p>information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: NAC 441A.380 is hereby amended to read as follows: 441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.</p> <p>2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing, or intermediate care shall:</p> <p>(a) Before admitting a person to the facility or home, determine if the person:</p> <p>(1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive;</p> <p>(3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu, or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis.</p> <p>(b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the</p>	Y 936		

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Y 936	<p>Continued From page 22</p> <p>test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner.</p> <p>(c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis.</p> <p>4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph</p>	Y 936			

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Y 936	Continued From page 23 (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home, or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with	Y 936			

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Y 936	<p>Continued From page 24</p> <p>the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.</p> <p>Based on interview and record review the facility failed to ensure 2 of 3 residents had the required tuberculin screening (Resident #1,#3).</p> <p>Findings include:</p> <p>Resident #1 was admitted on 11/30/07. The resident file lacked documented evidence of any tuberculin screening.</p> <p>Resident #3 was admitted on 6/16/08. The resident file lacked documented evidence of an initial two step tuberculin screening. The file contained a negative tuberculin skin test dated 3/6/08.</p> <p>On 12/23/08 at 10:50 AM, Employee #1 indicated she was unaware of the incomplete resident files.</p> <p>Severity: 2 Scope: 3</p>	Y 936		
Y 940 SS=D	<p>449.2749(1)(g)(3) Resident file</p> <p>NAC 449.2749</p> <p>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against</p>	Y 940		

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Y 940	<p>Continued From page 25</p> <p>unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (3) In any event, not less than once each year.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure an annual evaluation of a resident's ability to perform the activities of daily living was performed, on residents residing in the facility longer than a year, for 1 of 3 residents (Resident #1).</p> <p>Findings include:</p> <p>Resident #1 was admitted on 11/30/07. The resident's file did not contain an annual evaluation of the resident's ability to perform the activities of daily living.</p> <p>On 12/23/08 at 10:50 AM, Employee #1 indicated she was unaware of the lack of an annual activities of daily living assessment.</p> <p>Severity: 2 Scope: 1</p>	Y 940			
Y1001 SS=D	<p>449.2758(1) Training Requirements</p> <p>NAC 449.2758</p>	Y1001			

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Y1001	<p>Continued From page 26</p> <p>1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents.</p> <p>2. As used in this section, " residential facility for elderly or disabled persons " means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review the facility failed to ensure a minimum of 4 hours of training related to the care of elderly or disabled persons was received within 60 days of hire for 1 of 4 employees (Employee #4).</p> <p>Findings include</p> <p>Employee #4 was hired on 10/1/08. The personnel file lacked documented evidence of 4 hours of training related to the care of elderly or disabled persons.</p> <p>On 12/23/08 at 10:05 AM Employee #1 indicated she was aware of the lack of training.</p> <p>Severity: 2 Scope: 1</p>	Y1001			

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Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4833AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/23/2008
NAME OF PROVIDER OR SUPPLIER CENTURY ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1461 TANGERINE ROSE DRIVE LAS VEGAS, NV 89142		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.